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45305 7590 05/13/2005

RENNER, OTTO, BOISSELLE & SKLAR, LLP (AMDS)
1621 EUCLID AVE - 19TH FLOOR
CLEVELAND, OH 44115-2191

06/17/2005 MBERHE1 00000112 10635089

01 FC:1501 1400.00 OP
02 FC:8001 6.00 OP

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Jason A. Worgull	(Depositor's name)
<i>Jason A. Worgull</i>	(Signature)
6-13-05	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/635,089	08/06/2003	Inkuk Kang	H0709	6973

TITLE OF INVENTION: MEMORY DEVICE AND METHOD OF SIMULTANEOUS FABRICATION OF CORE AND PERIPHERY OF SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	08/15/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
VU, DAVID	2818	438-266000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Renner, Otto, Boisselle
& Sklar, LLP

2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Advanced Micro Devices, Inc.

Sunnyvale, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies 2 @ \$3.00 each

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☐ A check in the amount of the fee(s) is enclosed.

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☒ The Director is hereby authorized to charge any deficiency to change any deficiency or credit any overpayment, to Deposit Account Number 18-0988 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Jason A. Worgull

Date

6-13-05

Typed or printed name

Jason A. Worgull

Registration No.

48,044

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